

SEPA POTENTIAL	POTENTIAL HAZARDOUS WASTE SITE DISPOSITION							
File this form in the regional Hazardous Waste Lo System; Hazardous Waste Enforcement Task Force	og File and submit ce (EN-335); 401 M	a copy to: U. St., SW; Wasi	S. Environ	mental Pro C 20460.	tection Ag	ency; Site	Tracking	
	I. SITE IDENTI							
A. SITE NAME MONSANTO CheMICAL	Company.	B. STREET	00	<u>Bex</u>	8/4	<u>^</u>		
C. CITY SONA Springs		D. STATE	PAHO)	E. ZIP CO	3276	/	
	II. TENTATIVE	DISPOSITION						
Indicate the recommended action(s) and agency(i	es) that should be i	nvolved by ma	rking 'X'	in the app				
RECOMMENDATION	GENCY	12						
			MARK'X'	EPA	STATE	LOCAL	PRIVATE	
A. NO ACTION NEEDED NO HAZARD								
B. INVESTIGATIVE ACTION(S) NEEDED (It yes, complete Section III.)								
C. REMEDIAL ACTION NEEDED (If yes, complete Section IV.)								
ENFORCEMENT ACTION NEEDED (if yes, specify in Part E whether the case will D. be primarily managed by the EPA or the State and what type of enforcement action Is anticipated.)								
E. RATIONALE FOR DISPOSITION SOURCES	OF INFORM	1770H	,	1	•			
(O circ MN) a Auren al catao levals of Ar (1 N: 50 V)								
FIT, of SOY = One off SITE demostic water supply and one on- ON-SITE WELL TAKEN OUT OF SERVICE due to CONTAMINATION WITH LEAVY METALS & ANIONS. CONTAMINATED GROUNDWATER USED TO ITIONS WARRANT INCLUSION ON NOL.								
ON-SITE WILL TAKEN out of Service due to contamination WED								
WHE LEAVY METALS & ANIONS, CONTAMINATED TROUNDWHIEF SEE								
TO ITTIGATE V4300 GCI F. INDICATE THE ESTIMATED DATE OF FINAL DI (mo,, day, & yr.)	SPOSITION	C IE A CASE	DEVELOP	MENT PL	AN IS NECES HE PLAN W	SARY. INDI	CATE THE	
H. PREPARER INFORMATION		<u> </u>						
I. NAME		2. TENEPHO	NE NUMBE	:R 7/1 / /	(3.0)	JE (mo., da	y. (2)	
WILLIAM Glas	INVESTIGATIVE	CTIVITY NE	EDED	1/5	12	WAL	<u> </u>	
A. IDENTIFY ADDITIONAL INFORMATION NEEDED		AL DISPOSITIO	ON.	-				
		KS	OB	:6				
KSOB:6 NPL NOMINATION								
		///						
8. PROPOSED INVESTIGATIVE ACTIVITY (Detailed		T					-,	
1. METHOD FOR OBTAINING ACTION (mo,day, & yr)	3. TO BE PERFORMED BY (EPA, Con- tractor, State, etc.)	4. ESTIMATED MANHOURS	,	5. REMARKS				
a. TYPE OF SITE INSPECTION								
(2)	 							
	 							
b. TYPE OF MONITORING		-						
(1)	 	 			<u> </u>			
(2)								
C. TYPE OF SAMPLING			}					
	 	1						
(2) EPA Form T2070-4 (10-79)			<u> </u>		Contin	ue On Rev	erse	

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inued From Front	. ·								.0		
inued From Front III. INVESTIGATIV	E ACTIV	TY NI	EDED and	PART	B-PROPO	SED INVESTIG	ATIVE A	CTIVITY	(Continued)		
YPE OF LAB ANALYSIS											
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THER (specify)											
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ABORATE ON ANY OF THE	INFORMA	TION	PROVIDED	N PART	B (on front	& above) AS NE	EDED TO	DENTIFY	ADDITIONAL		
VESTIGATIVE WORK.											
STIMATED MANHOURS BY A	CTION AG	2. TOTAL ESTIMATED MANHOURS FOR		ATED					2. TOTAL ESTIMATED MANHOURS FOR		
1. ACTION AGENCY		M	VESTIGATIVACTIVITIE	V E		1. ACTION AGENCY			INVESTIGATIVE ACTIVITIES		
					h. STA	STATE					
PA					1	d. OTHER (specify)					
PA CONTRACTOR					4.0,7	L. OTHER (Spec)					
		<u> </u>	īV	REMED	IAL ACTI	ONS					
HORT TERM/EMERGENCY	TRATECY	(On Si					d to bring s	ite under in	nmediate control, e.g., used in the space belo		
HORT TERM/EMERGENCY Strict access, provide alternat	water sur	ply, et			or a list of	Key words for ea					
	2. EST	2. EST. 3. EST. ACTIO		ACTION	AGENCY	S. ESTIMATED COST		6. SPECIFY 311 OR OTHER AC			
1. ACTION	DATE (mo,da)	(,&yr) (DATE mo,day,&yr)	(EPA, - Private	Party)	5.20			WORK REQUIRED		
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LONG TERM STRATEGY (O. See instructions for a list of	n Site & Ol	(f-Site):	List all lor	ig term so	olutions, e. e used in th	g., excavation, r le spaces below.	emoval, gro	unu water			
See instructions for a list of	2. E	-	3. EST.	T	4.			coscis	EV 311 OR OTHER ACT		
	STA	RT	END		N AGENCY 4, Siele	5. ESTIMATED COST		6. SPECIFY 311 OR OTHER ACTINDICATE THE MAGNITUDE THE WORK REQUIRED			
1. ACTION	DA (mo,d	ay,& <i>yt)</i>	y,&yr) (mo,day,&yr) Priva		te Party)						
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C. ESTIMATED MANHOURS A	- 1			CY		\$ \$ \$ \$	2. TOT	AL EST.	3. TOTAL EST. CO		
Z. TOTAL ES	OR 3	, TOTA	L EST. COS	CY T	1. ACTIO	\$ \$	2. TOT	AL EST.	3. TOTAL EST. CO		
Z. TOTAL ES	OR 3	, TOTA		CY T ES	1. ACTIO	\$ \$ \$ \$	2. TOT	AL EST.	3. TOTAL EST. CO REMEDIAL ACTIVI		